

County: Pepin  
 OAKVIEW CARE CENTER  
 1220 3RD AVENUE WEST, P.O. BOX 224  
 DURAND 54736 Phone: (715) 672-3687

Facility ID: 2170

Page 1

Operated from 1/1 To 12/31 Days of Operation: 365  
 Operate in Conjunction with Hospital? Yes  
 Number of Beds Set Up and Staffed (12/31/01): 58  
 Total Licensed Bed Capacity (12/31/01): 58  
 Number of Residents on 12/31/01: 57

Ownership: Nonprofit Church  
 Highest Level License: Skilled  
 Operate in Conjunction with CBRF? No  
 Title 18 (Medicare) Certified? Yes  
 Title 19 (Medicaid) Certified? Yes  
 Average Daily Census: 54

\*\*\*\*\*

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		38.6
Supp. Home Care-Personal Care	No					1 - 4 Years		42.1
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.5	More Than 4 Years		19.3
Day Services	No	Mental Illness (Org./Psy)	17.5	65 - 74	7.0			-----
Respite Care	Yes	Mental Illness (Other)	5.3	75 - 84	28.1			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	49.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	12.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	35.1	65 & Over	96.5	-----		
Transportation	No	Cerebrovascular	17.5		-----	RNs		8.8
Referral Service	No	Diabetes	10.5	Sex	%	LPNs		8.3
Other Services	No	Respiratory	7.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	7.0	Male	33.3	Aides, & Orderlies		
Mentally Ill	No		-----	Female	66.7			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

\*\*\*\*\*

#### Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All	
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)				
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	3	100.0	335	32	91.4	99	0	0.0	0	15	78.9	124	0	0.0	0	0	0.0	50	87.7
Intermediate	---	---	---	3	8.6	82	0	0.0	0	4	21.1	113	0	0.0	0	0	0.0	7	12.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	3	100.0		35	100.0		0	0.0		19	100.0		0	0.0		0	0.0	57	100.0

*****						
Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	16.0	Daily Living (ADL)	Independent			
Private Home/With Home Health	2.0	Bathing	1.8	84.2	14.0	57
Other Nursing Homes	4.0	Dressing	17.5	64.9	17.5	57
Acute Care Hospitals	54.0	Transferring	31.6	45.6	22.8	57
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	28.1	52.6	19.3	57
Rehabilitation Hospitals	2.0	Eating	64.9	29.8	5.3	57
Other Locations	22.0	*****				
Total Number of Admissions	50	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	3.5	Receiving Respiratory Care		8.8
Private Home/No Home Health	25.6	Occ/Freq. Incontinent of Bladder	54.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	23.3	Occ/Freq. Incontinent of Bowel	33.3	Receiving Suctioning		0.0
Other Nursing Homes	4.7			Receiving Ostomy Care		0.0
Acute Care Hospitals	2.3	Mobility		Receiving Tube Feeding		0.0
Psych. Hosp.-MR/DD Facilities	2.3	Physically Restrained	5.3	Receiving Mechanically Altered Diets		24.6
Rehabilitation Hospitals	2.3					
Other Locations	2.3	Skin Care		Other Resident Characteristics		
Deaths	37.2	With Pressure Sores	1.8	Have Advance Directives		100.0
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	43			Receiving Psychoactive Drugs		54.4

\*\*\*\*\*

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

\*\*\*\*\*

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	93.1	88.1	1.06	84.6	1.10
Current Residents from In-County	75.4	83.9	0.90	77.0	0.98
Admissions from In-County, Still Residing	32.0	14.8	2.16	20.8	1.54
Admissions/Average Daily Census	92.6	202.6	0.46	128.9	0.72
Discharges/Average Daily Census	79.6	203.2	0.39	130.0	0.61
Discharges To Private Residence/Average Daily Census	38.9	106.2	0.37	52.8	0.74
Residents Receiving Skilled Care	87.7	92.9	0.94	85.3	1.03
Residents Aged 65 and Older	96.5	91.2	1.06	87.5	1.10
Title 19 (Medicaid) Funded Residents	61.4	66.3	0.93	68.7	0.89
Private Pay Funded Residents	33.3	22.9	1.45	22.0	1.51
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	22.8	31.3	0.73	33.8	0.67
General Medical Service Residents	7.0	20.4	0.34	19.4	0.36
Impaired ADL (Mean)*	43.9	49.9	0.88	49.3	0.89
Psychological Problems	54.4	53.6	1.01	51.9	1.05
Nursing Care Required (Mean)*	4.4	7.9	0.55	7.3	0.60